

AMENDMENT TRANSMITTAL LETTER				Docket No. 00-VE13.51	
Application No. 09/386,775-Conf. #1784	Filing Date August 31, 1999	Examiner B. K. Tieu	Art Unit 2643		
Applicant(s): Laszlo Erdely, Jr. et al.					
Invention: TECHNIQUES FOR PROVIDING UNINTERRUPTED DIGITAL COMMUNICATIONS TO CUSTOMERS COUPLED TO LOCAL LOOP GENERATION EQUIPMENT					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	18	- 20 =	0	x 50.00	0.00
Independent Claims	6	- 6 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Shelly L. Hokenstad/ Shelly L. Hokenstad Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 (248) 594-0600				Dated: <u>September 25, 2007</u>	
<div style="text-align: center;">Amendment Transmittal</div> <p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).</p> <p>Dated: September 25, 2007 Electronic Signature for Shelly L. Hokenstad: /Shelly L. Hokenstad/</p>					

 Adjustment Date: 02/22/2008 CKHLOK
 01/22/2008 INTEFSW 00004845 072347 09386775
 03 FC:1504 300.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>2/20/08</u>		2 Serial/Patent # <u>09/386,775</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other	<u>DET. OP 1/18/08</u>		<u>\$ 300</u>
		7 TOTAL AMOUNT OF REFUND		<u>\$300.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <u>18--0013</u>		
<u>Fee was not required</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Diane Goodwyn</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Diane Goodwyn</u>		PHONE: <u>571-272-6735</u>		
OFFICE: <u>OP</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>CKH/K</u>		DATE: <u>2/22/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
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